

## FERRY COUNTY VETERAN'S EMERGENCY RELIEF INDIGENT FUND

### APPLICATION FOR ASSISTANCE

The Ferry County Veteran's Emergency Relief Indigent Fund is administered by the Ferry County Commissioners and the Ferry County Veteran's Assistance Board (VAB). The Ferry County Auditor makes payments after final approval.

The maximum amount of financial assistance that can be rendered is **\$500.00**.

If this application is for interment fees for a deceased veteran, the maximum amount is **\$700.00**.

Veteran's Emergency Relief Indigent Fund assistance may be used one time in a 12-month period. (Period starts from assistance rendered in previous year.)

The Veteran's Emergency Relief Indigent Fund is intended for emergency health, financial or living hardship situations that meet the criteria and evaluation of V.A.B.

### REQUIREMENTS

- Do not answer questions with N/A or left blank, this will disqualify your claim.
- DD 214 OR Honorable Discharge Certificate from Military Service to include a medical discharge with an honorable record.
- Signature on this application must be the same as the name on the DD - 214, Honorable Discharge, or a court ordered legal name change document.
- Copies of bills. You may submit any number of bills, however, the maximum amount of assistance is \$500.00.
- Copies of financial resources such as Veteran's Administration Disability Compensation to include Combat Related Compensation, Department of Defense Retirement payments, Social Security, Social Security Insurance, Social Security Disability Insurance, and last submitted Schedule C if you operate a business.
- Copies of any financial assistance provided by Washington State agencies.
- Copy of previous year's federal tax return -- Gross Income will be used to determine financial eligibility.
- Proof of residency in Ferry County, State of Washington, for at least one year from date of application for assistance.
- Meet 150% financial resources poverty guidelines for Ferry County - Effective Feb 10, 2007 (see below)
- Signed application along with social security number.
- Signed agreement for Release of Information for purposes of application information verification.
- Please outline briefly a background or explanation of how your need accrued.
- Copy of Death Certificate - if applying for interment assistance for a deceased veteran.

ELIGIBILITY LEVELS OF FINANCIAL RESOURCES	
SIZE OF FAMILY 150% OF POVERTY LEVEL	
1	\$14,700
2	\$19,800
3	\$24,900
4	\$30,000
5	\$35,100
6	\$40,200

Please answer all the questions on this application to ensure timely consideration for financial assistance and mail to this address only: John Thompson P.O. Box 280

Curlew WA 99118

# VETERAN'S INDIGENT ASSISTANCE RELIEF FUND APPLICATION

PAGE 1

NAME: \_\_\_\_\_ MARRIED YES \_\_\_\_\_ NO \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (HOME/CELL/WORK/MESSAGE) \_\_\_\_\_

SPOUSES NAME: \_\_\_\_\_ SS# \_\_\_\_\_

LIST ALL MEMBERS LIVING IN HOUSEHOLD D.O.B AND SS#

NAME \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

LENGTH OF RESIDENCE IN WASHINGTON STATE \_\_\_\_\_ FERRY COUNTY \_\_\_\_\_

EMPLOYMENT DURING LAST YEAR (TO INCLUDE SELF EMPLOYMENT)

EMPLOYER NAME	ADDRESS	DATES OF EMPLOYMENT	PHONE	SALARY

SELF EMPLOYMENT GROSS INCOME AS VERIFIED BY LAST FEDERAL INCOME TAX RETURN TO INCLUDE SCHEDULE "C" AND "E" (IF APPLICABLE)

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

## MONTHLY EXPENSES

TYPE	TO WHO	ADDRESS	TELEPHONE	AMOUNT
UTILITIES				
ELECTRICITY				
WATER				
SEWER				
GARBAGE				
TELEPHONE				
HEATING				
MORTGAGE				
RENT				
SPACE RENT				
STORAGE UNIT				
VEHICLE				
INSURANCE				
BOND INSURANCE				
MEDICAL				
OTHER				
OTHER				

TOTAL \$ \_\_\_\_\_

("OTHER" SHOULD INCLUDE CASH, MONEY HELD BY OTHERS, ALIMONY)

TYPE	WHOSE?	LOCATION	AMOUNT/VALUE
CHECKING ACCT			
SAVINGS ACCT			

S.S.I./ S.S.D.I.
S.S.I./ S.S.D.I. (SPOUSE)
VETERANS DISABILITY / RETIREMENT
CHILD SUPPORT
OTHER

TOTAL \$ \_\_\_\_\_

LIST BILLS FOR WHICH YOU ARE APPLYING FOR ASSISTANCE (INCLUDE A COPY)

TO WHOM	ADDRESS	TELEPHONE	\$ AMOUNT
1.			
2.			
3.			

TOTAL \_\_\_\_\_

HAVE YOU RECEIVED OR NOW RECEIVING ASSISTANCE FROM ANY AGENCY IN THE PAST YEAR (FROM DATE OF THIS APPLICATION). YES \_\_\_\_\_ NO \_\_\_\_\_

AGENCY	DATE	REASON	TYPE OF ASSISTANCE	AMOUNT	TELEPHONE

**I understand this application for assistance is not an entitlement and the abuse of funds can be prosecuted if information on is falsified, fraudulent or withheld.**

**I certify I have read all questions in the application and that all answers given are true and complete to the best of my knowledge and belief.**

\_\_\_\_\_

APPLICANT SIGNATURE

\_\_\_\_\_

APPLICANTS PRINTED NAME SOCIAL SECURITY NUMBER DATE

FOR VETERAN'S ASSISTANCE BOARD USE :		
Approved: _____	Disapproved _____	AMOUNT _____
PRINTED NAME	SIGNATURE	DATE
1)		
2)		
3)		

# FERRY COUNTY VETERANS INDIGENT ASSISTANCE RELIEF FUND

## AUTHORIZATION TO OBTAIN/ RELEASE INFORMATION

I understand the information in this application may need to be shared or verified to obtain information from other agencies or institutions to assist the Ferry County Veteran's Assistance Board in determining the need for financial assistance under the Ferry County Veterans Indigent Assistance Relief Fund.

**I authorize the release of information by any agency or institution (to include employers, community service organizations, and financial institutions) to the Ferry County Veteran's Assistance Board in connection with an application for financial assistance or internment of a deceased veteran application.**

I understand any information obtained by the Ferry County Veteran's Assistance Board will remain confidential and used only in conjunction with this specific application for assistance. I understand and authorize the Ferry County Board of Commissioners and the Ferry County Auditor to review any information in conjunction with this application before release of funds.

APPLICANT AND SPOUSE:

PRINTED NAME	SIGNATURE	SOCIAL SECURITY NUMBER	DATE